



# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	09/751,548
		Filing Date	December 29, 2000
		First Named Inventor	Min Zhu
		Art Unit	2153
		Examiner Name	Aaron N. Strange
Total Number of Pages in This Submission	4	Attorney Docket Number	24333/81101

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____  <input type="checkbox"/> Remarks	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  <b>Return Receipt Postcard</b>  <b>Request for Continued Examination (RCE)</b>

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	Philip W. Woo, Reg. No. 39,880
Signature	
Date	April 14, 2005

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Typed or printed name	Express Mail Label No.: EV 611 225 275 US
Signature	Date

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APR 1 6 2005

PTO/SB/17 (10-03)

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# FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 1,240.00)

## Complete if Known

Application Number	09/751,548
Filing Date	December 29, 2000
First Named Inventor	Min Zhu
Examiner Name	Aaron N. Strange
Art Unit	2153
Attorney Docket No.	24333/81101

## METHOD OF PAYMENT (check all that apply)

 Check     Credit Card     Money Order     Other     None  
 Deposit Account:
Deposit Account Number **50-1597**Deposit Account Name **Sidley Austin Brown & Wood LLP**

The Director is authorized to: (check all that apply)

- 
- Charge fee(s) indicated below
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- Credit any overpayments
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- Charge any additional fee(s) or any underpayment of fee(s)
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- 
- Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	FEE PAID
1001 770	2001 385	Utility filing fee			
1002 340	2002 170	Design filing fee			
1003 530	2003 265	Plant filing fee			
1004 770	2004 385	Reissue filing fee			
1005 160	2005 80	Provisional filing fee			
<b>SUBTOTAL (1) (\$)</b>					

## 2. EXTRA CLAIM FEES FOR UTILITY AND

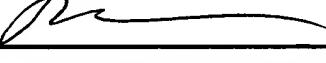
Total Claims	Extra Claims	Fee from below	Fee Paid
	-20** =	X	=
Independent Claims	-3** =	X	=
Multiple Dependent			=

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description
1202 18	2202 9	Claims in excess of 20		
1201 86	2201 43	Independent claims in excess of 3		
1203 290	2203 145	Multiple dependent claim, if not paid		
1204 86	2204 43	**Reissue independent claims over original patent		
1205 18	2205 9	**Reissue claims in excess of 20 and over original patent		
<b>SUBTOTAL (2) (\$)</b>				

\*\*or number previously paid, if greater; For Reissues, see above

3. ADDITIONAL FEES	Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1051 130	2051 65	Surcharge – late filing fee or oath		
1052 50	2052 25	Surcharge – late provisional filing fee or cover sheet		
1053 130	1053 130	Non-English specification		
1812 2,520	1812 2,520	For filing a request for ex parte reexamination		
1804 920*	1804 920*	Requesting publication of SIR prior to Examiner action		
1805 1,840*	1805 1,840*	Requesting publication of SIR after Examiner action		
1251 110	2251 55	Extension for reply within first month		
1252 420	2252 210	Extension for reply within second month		450
1253 950	2253 475	Extension for reply within third month		
1254 1,480	2254 740	Extension for reply within fourth month		
1255 2,010	2255 1,005	Extension for reply within fifth month		
1401 330	2401 165	Notice of Appeal		
1402 330	2402 165	Filing a brief in support of an appeal		
1403 290	2403 145	Request for oral hearing		
1451 1,510	1451 1,510	Petition to institute a public use proceeding		
1452 110	2452 55	Petition to revive – unavoidable		
1453 1,330	2453 665	Petition to revive – unintentional		
1501 1,330	2501 665	Utility issue fee (or reissue)		
1502 480	2502 240	Design issue fee		
1503 640	2503 320	Plant issue fee		
1460 130	1460 130	Petitions to the Commissioner		
1807 50	1807 50	Processing fee under 37 CFR § 1.17(q)		
1806 180	1806 180	Submission of Information Disclosure Statement		
8021 40	8021 40	Recording each patent assignment per property (times number of properties)		
1809 770	2809 385	Filing a submission after final rejection (37 CFR § 1.129(a))		
1810 770	2810 385	For each additional invention to be examined (37 CFR § 1.129(b))		
1801 770	2801 385	Request for Continued Examination (RCE)		790
1802 900	1802 900	Request for expedited examination of a design application		
Other fee (specify) _____				
*Reduced by Basic Filing Fee Paid				
<b>SUBTOTAL (3) (\$)</b>				<b>1,240</b>

SUBTOTAL (3) (\$ 1,240)

SUBMITTED BY		Complete (if applicable)		
Name (Print/Type)	Philip W. Woo	Registration No. (Attorney/Agent)	39,880	Telephone 415-772-7428
Signature			Date	April 14, 2005

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